Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	
	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Christine Stevens	M M / D D / Y Y Y Y
Mailing Address 100 Asbury Ct	07 18 2014 Amount
City State Zip Code	80.00
Winchester VA 22602	Transaction ID: dfb44784-1ea5-4fd6-a Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	07 18 7 2014
Name of Federal Candidate Support Office	Sought: House District:00
Ms. Kay Hagan Oppose	President State: NC State:
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	orsement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Danielle Landry	07
Mailing Address 1089 Oleste Tauzin Road	20.
	Amount
City State Zip Code	40.00
Breaux Bridge LA 70517	Transaction ID: 55ebb87e-1741-43bd-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Time 001	07 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Type	20 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Mary L Landrieu Oppose	President X Senate State: LA
	ursement For: Primary X General
Per Election for Office Sought 62162.60 2014	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	120.00
	7 7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	
	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not mount with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Ms. Emily Buchanan	M / D D / Y Y Y Y Y
[Electronically Filed] Date Signature	7 22 2014

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
	O cossession
Check if 24-hour report X 48-hour report New report Amends report filed	i on M M / D D / Y Y Y Y
Full Name of Payee Danielle Landry	Date of Public Distribution/Dissemination
·	07 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1089 Oleste Tauzin Road	Amount
City State Zip Code	14.40
Breaux Bridge LA 70517	Transaction ID : aab14f5e-ac36-4944-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	07
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Mary L Landrieu Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Disbut	ursement For: Primary X General Other (specify) ▶
Full Name of Payee Mr. Alex Peyton	Date of Public Distribution/Dissemination
	07 20 7 2014
Mailing Address 859 Hicks Rd	Amount
City State Zip Code	70.00
Washington LA 70589	Transaction ID : 3a15425b-89b2-4b12-b Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	07 20 / 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Mary L Landrieu Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	84.40
(a) SSICIAL OF ICHIEZCU Macporaciti Exponditares	04.40
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	07 22 2014
Signature	

Schedule E)	I EXI END	TOTIES	+	PAGE 3 OF 14 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Mr. Alex Peyton			07	20 / 2014
Mailing Address 859 Hicks Rd			Amount	
City	State	Zip Code		37.50
Washington	LA	70589		D: e2333d8f-f268-4b02-b rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 /	20 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President >	<u></u>
Calendar Year-To-Date Per Election for Office Sought	, , ,	62162.60	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Vonniqua Jackson			07 /	20 / 2014
Mailing Address 111 Westchester Blvd			Amount	
Apt D4				
City	State	Zip Code		13.00
Slidell Purpose of Expenditure	LA	70458	Date of Disbu	: d6ea1511-29ac-4e1f-9 rsement or Obligation
Salary		Category/ Type 001	07	20 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, ,	62162.60	Disbursement For: 2014 Other (spe	Primary X General
(a) SUPTOTAL of Itamized Independent Expanditure				50.50
(a) SUBTOTAL of Itemized Independent Expenditure	·S		-	50.50
(b) SUBTOTAL of Unitemized Independent Expendit	ures		· •	
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	07	2014
Signaturo				

Schedule E)	IN EXILIN	STICILO	PAGE 4 OF 14 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Ralphie Lockhart			07 20 / 2014
Mailing Address 6310 Col Glenn Rd			Amount
City	State	Zip Code	50.00
Little Rock	AR	72204	Transaction ID : 35ae71bb-6ce3-4ddc-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 20 7 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		27259.66	Disbursement For: Primary General 2014 Gther (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Larry Freeman			07 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 11214 Mesa drive			Amount
City	State	Zip Code	60.00
Little rock	AR	72211	Transaction ID: 373ffd03-6a4a-4583-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 20 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	.,,	27259.66	Disbursement For: Primary ☐ General Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expendi	tures		. • 110.00
			7 7 7
(b) SUBTOTAL of Unitemized Independent Exper	nditures)
(c) TOTAL Independent Expenditures			
	lidate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	07 22 7 2014
3			

Schedule E)	ENT EXILIN	DITORLO	PAGE 5 OF 14 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	eport Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
OBrian Price			07 20 / 2014
Mailing Address 2400 Covenant Cove			Amount
City	State	Zip Code	60.00
Little Rock	AR	72204	Transaction ID : 722ba27b-faf0-4fd9-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 20 7 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	1,11,7	27259.66	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
OBrian Price			07 20 / Y Y Y Y Y Y Y
Mailing Address 2400 Covenant Cove			Amount
City	State	Zip Code	80.40
Little Rock	AR	72204	Transaction ID : ada51394-b6dd-42f7-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 20 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		27259.66	Disbursement For: Primary General 2014 Gther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	litures		. • 140.40
(1) OUDTOTAL (11): 1 11 1 1 1 1 1 1			
(b) SUBTOTAL of Unitemized Independent Expe	enditures		
(c) TOTAL Independent Expenditures			>
	didate or authoriz		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	07 22 7 2014
2.9			

Schedule E)		1101120		PAGE 6 OF 14 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC				C00530766
Check if 24-hour report X 48-hou	ur report New repo	ort Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee Elizabeth Hanks				c Distribution/Dissemination
Mailing Address 891 W. Melmar			07	20 / 2014
			Amount	
City	State	Zip Code		25.00
Fayetteville	AR	72703		ID: 78b15168-7639-48c3-a ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 O7	20 7 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Mark L Pryor		X Oppose		Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		27259.66	Disbursement For: 2014 Other (sp	Primary ☐ General Decify) ▶
Full Name of Payee Elizabeth Hanks				c Distribution/Dissemination
			07	20 / 2014
Mailing Address 891 W. Melmar			Amount	
City	State	Zip Code		3.60
Fayetteville	AR	72703	Transaction II Date of Disb	D: 8d7a380b-c767-48cf-b ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07	20 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Mark L Pryor		Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		27259.66	Disbursement For: 2014 Other (sp	Primary ⊠ General
(a) SUBTOTAL of Itemized Independer	at Evnandituras			28.60
(a) SOUTOTAL OF HORIZON HINOPOLING.	t Experiultures			20.00
(b) SUBTOTAL of Unitemized Independent	lent Expenditures		• •	7 7
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the with, or at the request or suggestion of party committee) any political party committee.	, any candidate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	07 / 22	/ Y Y Y Y Y Y 2014
Signature		_		

Schedule E)	INT EXI EN	DITORILO	PAGE 7 OF 14 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Lily Green			07 20 / 2014
Mailing Address 205 Medallion Circle			Amount
City	State	Zip Code	80.00
Shreveport	LA	71119	Transaction ID : 5ae5b9e9-0a3f-4e2d-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		62162.60	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Lily Green			07 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 205 Medallion Circle			Amount
City	State	Zip Code	21.00
Shreveport	LA	71119	Transaction ID: e72cad10-1f4a-4e23-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, ,	62162.60	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures		• 101.00
			7-1-7-1-7-1-7-1-7-1-7-1-7-1-7-1-7-1-7-1
(b) SUBTOTAL of Unitermized Independent Expen	ditures		.)
(c) TOTAL Independent Expenditures			•
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or i	date or authorize		
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	e 07 / 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3			

Schedule E)	51123	PAGE 8 OF 14 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
		M M / D D / Y Y Y Y
Check if 24-hour report 48-hour report New report	Amends report filed	on
Full Name of Payee Tylan S Green		Date of Public Distribution/Dissemination
,		07 / 20 / 2014
Mailing Address 2320 Saint Nick Dr		Amount
City State Zip	o Code	50.00
New Orleans LA 70	0131	Transaction ID: 4a2e4d74-8e95-49bf-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	07 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office	Sought: House District:00
Ms. Kay Hagan	∑ Oppose □	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	172.76 Disbut 2014	rsement For: Primary X General Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
Tylan S Green		07 20 / Y Y Y Y Y Y
Mailing Address 2320 Saint Nick Dr		Amount
City State Zi	p Code	3.00
New Orleans LA 7	0131	Transaction ID : 1c14c095-18a7-4ba5-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	07 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office	Sought: House District: 00
Ms. Kay Hagan	X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	167172.76 Disbu 2014	rsement For: Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	·····	53.00
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent expenditures rep with, or at the request or suggestion of, any candidate or authorized co party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronical	lly Filed] Date 07	7 22 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

Schedule E)	LINDITOTILO	PAGE 9 OF 14 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report N	lew report Amends report fi	iled on Man / Dab / Yayayay
Full Name of Payee Lisa Booth		Date of Public Distribution/Dissemination
Mailing Address 1434 South Avenue		07
City	7in Cada	100.00
City State Eden NC	Zip Code 27288	100.00 Transaction ID: cb49c002-3188-4742-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	07
Name of Federal Candidate	Support O	ffice Sought: House District: 00
Ms. Kay Hagan	∑ Oppose [President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		isbursement For:
Full Name of Payee		Date of Public Distribution/Dissemination
Lisa Booth		07 20 / Y Y Y Y Y
Mailing Address 1434 South Avenue		Amount
City State	Zip Code	10.20
Eden NC	27288	Transaction ID : b70dd9ee-8980-4b34-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	07 20 / 2014
Name of Federal Candidate	Support O	ffice Sought: House District: 00
Ms. Kay Hagan	X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		isbursement For: Primary General General General General General General
(a) SUBTOTAL of Itemized Independent Expenditures		110.20
(a) CODIONIZ OF HOMESON Masperlature Experiations		110.20
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent experwith, or at the request or suggestion of, any candidate or aut party committee) any political party committee or its agent.		
	Electronically Filed] Date	07
Signature		

Sc	hedule E)		1101120		PAGE 10 OF 14 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC				C C00530766
Che	eck if 24-hour report X 48-hour report Ne	∍w rep	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Т	Full Name of Payee			Da	ate of Public Distribution/Dissemination
	Kenny Wallis				07 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 6412 Osage Dr			Am	mount
ŀ	City State		Zip Code	$ +$ Γ	45.00
	North Little rock AR		72116		ransaction ID : fc477ae4-3310-4a6c-8 ate of Disbursement or Obligation
Ī	Purpose of Expenditure Salary		Category/ Type 001		07 20 / 2014
ŀ	Name of Federal Candidate		Support	Office Sou	ought: House District: 00
	Mr. Mark L Pryor		X Oppose		esident Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		27259.66	Disbursen 2014	ment For:
Ì	Full Name of Payee			Da	ate of Public Distribution/Dissemination
	Kenny Wallis				07 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ľ	Mailing Address 6412 Osage Dr				
	-			Am	mount
Ì	City State		Zip Code		8.67
	North Little rock AR		72116	Trai Da	ansaction ID : 23e16854-e0bc-4643-8 ate of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002		07 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Ī	Name of Federal Candidate		Support	Office Sor	ought: House District: 00
	Mr. Mark L Pryor		X Oppose	Pre	esident Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		27259.66	Disbursen 2014	ment For: Primary
((a) SUBTOTAL of Itemized Independent Expenditures			· • _	53.67
((b) SUBTOTAL of Unitemized Independent Expenditures			· • [
((c) TOTAL Independent Expenditures			•	
٧	Under penalty of perjury I certify that the independent expend with, or at the request or suggestion of, any candidate or authorarty committee) any political party committee or its agent.				
	Ms. Emily Buchanan [El	lectron	nically Filed] Date	, M M M	/ D D / Y Y Y Y Y Z 22 2014
	Signature		_		

,	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report fi	led on M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Francis Richardson	07 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 220 Doucet Rd	Amount
City State Zip Code	25.00
Lafayette LA 70503	Transaction ID: 7f000dd2-e94d-48a6-a Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	07 20 / 2014
Name of Federal Candidate Support Of	ffice Sought: House District: 00
Ms. Mary L Landrieu Oppose	President State: LA
Odichadi Ical Io Dalc	sbursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Francis Richardson	07 20 2014
Mailing Address 220 Doucet Rd	Amount
City State Zip Code	1.32
Lafayette LA 70503	Transaction ID: b0a124ba-cbda-4232-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	07 DDD / YYYY Y 2014
Name of Federal Candidate Support O	ffice Sought: House District:00
Ms. Mary L Landrieu Oppose	President State: LA
	isbursement For: Primary General General Godfer (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	26.32
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of ei party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

PAGE

OF

Sched	ule E)	// -/	1101120		<u> </u>	PAGE 12 OF 14 FOR SE OF FORM 24/48
	F COMMITTEE (In Full)					NTIFICATION NUMBER ▼
Wom	en Speak Out PAC					00530766
Check if	24-hour report X 48-hour report	New repo	ort Amends re	port filed or	n M = M /	D = D / Y = Y = Y
	Name of Payee				Date of Public D	Distribution/Dissemination
	trice Wolfe				M M /	20 / Y Y Y Y Y Y 2014
Maili	ng Address 9909 Treasure Hill Rd			A	Amount	
City		State	Zip Code			25.00
	e Rock	AR	72205			: fe7b9e3f-3157-4f5c-8 ement or Obligation
Purp Sala	ose of Expenditure ary		Category/ Type 00	-	07 /	20 / Y Y Y Y Y Y
Nam	e of Federal Candidate		Support	Office S	ought:	House District: 00
Mr.	Mark L Pryor		X Oppose		resident X	
	Calendar Year-To-Date Per Election for Office Sought	, ,	27259.66	Disburse 2014	ement For: Other (spec	Primary
	Name of Payee				Date of Public [Distribution/Dissemination
Pa	trice Wolfe				07 /	20 / 2014
Mail	ng Address 9909 Treasure Hill Rd			,	Amount	
City		State	Zip Code			4.20
	e Rock	AR	72205	Tı	ransaction ID :	05d51fbe-5b29-448f-b sement or Obligation
	ose of Expenditure eage		Category/ Type 00	-	07 / 07	20 / 2014
Nam	e of Federal Candidate		Support	Office S	Sought:	House District: 00
Mr.	Mark L Pryor		X Oppose		resident X	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	, , ,	27259.66	Disburs 2014	ement For: Other (spec	Primary
(a) S	UBTOTAL of Itemized Independent Expenditure	e		. [20.20
(a) 3	UBIOTAL OF REMIZED INDEPENDENT Expenditure	S		····· • L	7	29.20
(b) S	UBTOTAL of Unitemized Independent Expenditu	ures		▶		- 492- - 452-
(c) T	OTAL Independent Expenditures			···· • [7	7
with,	penalty of perjury I certify that the independent at the request or suggestion of, any candidate committee) any political party committee or its a	te or authorized				
	Ms. Emily Buchanan	[Electron	ically Filed]	ate 07	/ D D D 22	/ Y Y Y Y Y Y 2014
Siç	gnature					

<u> </u>	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	
	ate of Public Distribution/Dissemination
Chris McCoy	07 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1025 Cayley Ct	nount
City State Zip Code	70.00
High Point NC 27260 Tra	ansaction ID : 10323328-125b-4082-a tte of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	07 20 / 2014
Name of Federal Candidate Support Office Soil	ught: House District:00
Mc Kay Hagan	sident State: NC
Calendar Year-To-Date Per Election for Office Sought Disbursen 2014	nent For:
Full Name of Payee Da	
Chris McCoy	ate of Public Distribution/Dissemination
Mailing Address 1025 Cayley Ct	mount
City State Zip Code	15.30
	nsaction ID : 3de2064e-e0a6-4460-8 ate of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	07 / 20 / 2014
Name of Federal Candidate Support Office So	ught: House District: 00
Ms. Kay Hagan Oppose Pre	esident State: NC
Calendar Year-To-Date Per Election for Office Sought Disburser 2014	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures	85.30
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 07	22 2014
Signature	

PAGE 13

OF

Schedule E)	PAGE 14 OF 14 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
	O constitution
Check if 24-hour report 48-hour report New report Amends report	rt filed on
Full Name of Payee Danielle McCoy	Date of Public Distribution/Dissemination
Mailing Address 1025 Cayley Ct	07 20 2014
Walling Address 1025 Cayley Ct	Amount
City State Zip Code	75.00
High Point NC 27260	Transaction ID: 8dbfc1a3-464d-4b84-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	07
Name of Federal Candidate Support	Office Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 167172.76	Disbursement For:
Full Name of Payee	Date of Public Distribution/Dissemination
Danielle McCoy	07
Mailing Address 1025 Cayley Ct	Amount
City State Zip Code	13.80
High Point NC 27260	Transaction ID : 28ab5ec9-ef5e-423c-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	07 / 20 / 2014
Name of Federal Candidate Support	Office Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	88.80
(b) SUBTOTAL of Unitemized Independent Expenditures	·
(c) TOTAL Independent Expenditures	1081.39
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	07 22 2014
Signature	